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Introduction: Lymphomas comprise a heterogeneous group of diseases, with more than 30 types, each possessing distinct clinical presentations, epidemiology, and pathological features. Early detection and diagnosis can be challenging, and delay in initiating therapy can adversely affect clinical outcomes in some types of lymphomas. In Brazil, a federal law known as the "30-day law" requires that patients with suspected cancer undergo diagnostic tests within 30 days. However, the Brazilian healthcare system is divided into public and private sectors, where access disparities are prevalent but not extensively documented in the literature. **Objectives:** This study aims to elucidate the key barriers and differences faced in diagnosing and staging non-Hodgkin lymphoma (NHL) across these sectors in Brazil. To this end, an online survey was conducted targeting hematologists treating adults with NHL nationwide. **Material and methods:** This is a cross-sectional study utilizing an online form with 49 objective questions, divided into three sections: respondent demographics, public sector experiences, and private sector experiences. **Results:** The survey was completed by 153 hematologists: 56% work in both sectors, 31% in private only, and 13% in public only. The majority of respondents practice in the Southeast region (54%), followed by the Northeast (23%), South (14%), and both the North and Center-West regions (4.5% each).The primary referring physicians in both settings are general practitioners, general surgeons, and head and neck surgeons. Over 50% of respondents indicated that the median time from suspicion of lymphoma to consultation with a hematologist exceeds four months in the public sector but is less than one month in the private sector. Additionally, 67% reported that it takes at least two months to perform a lymph node biopsy in the public sector, whereas 55% stated it takes between one and two weeks in the private sector. Regarding biopsy results, 46% in the public sector reported an average time of 15 to 30 days, while 58% in the private sector reported seven to 15 days. In both scenarios, 50% sometimes request a review of the anatomopathological diagnosis, considering the initial report inadequate. For the median time to perform a PET/CT scan, 28% in the public sector reported it takes more than one month, while 59% in the private sector estimated it takes seven to 15 days. Regarding the "30-day law," almost 40% in the public sector said it is rarely respected, with 34% indicating it is never respected, whereas, in the private sector, 51% said it is almost always respected, and 20% said it is always respected. No respondents in the public sector indicated it is always respected. **Discussion and conclusion:** This study highlights the significant differences in the patient journey for diagnosing and staging NHL in Brazil, emphasizing that the time to access care is a major discrepancy between the public and private sectors.

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TUMOR DE COLISÃO COMO RARA APRESENTAÇÃO DE LINFOMA DIFUSO DE GRANDES CÉLULAS B: RELATO DE CASO

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Introdução: O tumor de colisão consiste em duas ou mais neoplasias distintas em relação à morfologia e à imunohistoquímica, coexistindo em um único órgão. Também chamados de tumores sincrônicos, mantém bordas separadas, sem a presença de tecido não neoplásico entre os tumores primários. Na literatura, raros casos de linfomas associados a neoplasias sólidas foram descritos, sendo que o tipo histológico mais comum consiste no adenocarcinoma, com localização mais frequente no trato gastrointestinal. Em relação aos linfomas, a maioria dos casos compreende o Linfoma Não-Hodgkin Difuso de Grandes Células B (LDGCB) (21,7%) e o Linfoma de zona marginal extranodal (21,4%). Já os sarcomas correspondem a cerca de 3,4% das neoplasias sólidas encontradas nos tumores de colisão, evidenciando a apresentação atípica de sarcoma histiocítico associado a LDGCB. Apresentam fisiopatologia ainda não completamente elucidada, com provável sinergia entre linfoma e neoplasia sólida envolvendo mecanismos de imunossupressão e de inflamação, com diagnóstico de linfoma frequentemente incidental. Não há diretrizes estabelecidas para graduação tumoral, estadiamento, prognóstico e tratamento de tais tumores. Contudo, para tumores de colisão originados de diferentes linhagens celulares, o estadiamento e a terapêutica podem ser aplicados para cada tumor separadamente. O manejo pode envolver cirurgia, se condições clínicas adequadas, radioterapia, se lesão única, de menores dimensões, e quimioterapia sistêmica para doença disseminada. **Descrição do caso:** Paciente do sexo feminino, 32 anos, previamente hígida, apresentando há dois anos crescimento progressivo de massa em hemitórax direito associada à febre vespertina intermitente e à perda ponderal involuntária de 22 kg (29% peso corporal). Realizada tomografia computadorizada de tórax que evidenciou massa retropeitoral à direita medindo 10 cm, linfadenomegalias supraclavicular à direita (até 8 cm), axilar à esquerda (até 3,5 cm), hilar à direita (até 2,3 cm) e subcarinal (até 3,6 cm) além de lesões líticas acometendo difusamente o arcabouço ósseo torácico, algumas com áreas de lise óssea e algumas com componente de partes moles, com compressão de parênquima pulmonar adjacente, em cabeças dos úmeros,

escápulas, esterno, clavícula esquerda, esterno, arcos costais bilaterais e corpos vertebrais torácicos. Em serviço externo, realizada biópsia excisional de linfonodo cervical com diagnóstico inicial de Histiocitose de células de Langerhans. Após revisão, evidenciou-se neoplasia maligna sarcomatoide com expressão de marcadores de linhagem histiocitária ocupando cerca de 70% da amostra e LDGCB ocupando aproximadamente 30% do fragmento, com positividade difusa para os marcadores CD 43, CD20, PAX5 e CD79a, e negatividade para EBV. Instituídos 2 ciclos de R-CHOP para tratamento inicial de neoplasia hematológica, sem melhora do quadro clínico. Durante a internação a paciente apresentou Insuficiência Respiratória Aguda secundária à sepse de foco pulmonar, evoluindo a óbito. **Conclusão:** Descrevemos uma apresentação incomum de tumores de colisão constituídos por Sarcoma Histiocítico e LDGCB, com diagnóstico patológico difícil. Representam uma rara condição clínica, com escassa literatura a respeito do tratamento e prognóstico. Faz-se necessário a realização de mais estudos para elucidação de sua fisiopatologia e para compreensão do tratamento mais adequado.

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USE OF PHOTOPHERESIS THERAPY IN THE TREATMENT OF MYCOSIS FUNGOIDES WITH MEDULLARY INFILTRATE: CASE REPORT FROM A SPECIALIZED CENTER

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Introduction: Mycosis fungoides is a rare, slowly evolving lymphoproliferative neoplasm and a variant of cutaneous T-cell non-Hodgkin lymphoma that can present with medullary infiltration in advanced stages. Treating this condition is challenging, especially in patients with comorbidities who do not respond well to conventional therapies. Photopheresis therapy has emerged as an effective, well-tolerated, and immunomodulatory approach that is particularly useful in refractory cases. **Case report:** We present the case of a 62-year-old obese, diabetic, and dyslipidemic white female patient with a history of reduced mobility due to plantar hyperkeratosis with fissures and pain upon walking, as well as significant tooth loss, which led to low self-esteem, physical weakness, and emotional distress. Her condition began in 2007 with an initial diagnosis of generalized atopic dermatitis. She was treated with corticosteroids for nine years. Following several biopsies and a myelogram, cutaneous T-cell non- Hodgkin lymphoma/mycosis fungoides with medullary infiltration (Sézary syndrome) was confirmed. The patient was initially treated with interferon-alpha, but treatment was discontinued due to its unavailability. She then received chemotherapy using the CHOP protocol. In May 2022, she began weekly photopheresis therapy, totaling 48 sessions per year, in conjunction with brentuximab vedotin administered every 21 days for 16 cycles. After three months of treatment, significant improvements in symptoms were observed, including regression of pruritus, reduction of skin desquamation, improvement of atopic dermatitis, relief of plantar fissures and pain while walking, recovery of self-esteem, and improvement of physical and emotional weakness. Treatment was temporarily interrupted between October and November 2023 due to prolonged clinical hospitalization related to a Permcath catheter infection and congestive heart failure. Treatment resumed with a positive response and no serious complications. **Conclusion:** The presented clinical experience demonstrates the efficacy and safety of photopheresis therapy in treating advanced mycosis fungoides with spinal cord infiltration, particularly in patients with multiple comorbidities who have not responded to previous therapies. The significant improvement in cutaneous and systemic symptoms and quality of life reinforces the importance of an individualized therapeutic approach in specialized centers and contributes to advancing clinical practices in cutaneous lymphomas.

Reference:

Girardi M, Geskin L, Samimi S, Rook AH, Olsen EA, Kim YH, et al. Chart review study of real-world clinical outcomes in patients with cutaneous T-cell lymphoma treated with extracorporeal photopheresis in the US in 2017–2019. J Dermatolog Treat. 2024;35(1):2360568. doi:10.1080/09546634.2024.2360568.

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EFICÁCIA E TOXICIDADE DA TERAPIA COM CÉLULAS CAR-T EM PACIENTES IDOSOS COM LINFOMA DIFUSO DE GRANDES CÉLULAS B REFRATÁRIO: REVISÃO SISTEMÁTICA

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Introdução: O linfoma difuso de grandes células B (DLBCL) é o subtipo mais frequente de linfoma não Hodgkin agressivo, representando cerca de 30-40% dos casos. Apesar dos avanços no tratamento, aproximadamente 30% dos pacientes apresentam doença refratária ou recidivante após terapia de primeira linha. A terapia com células T com receptor de antígeno quimérico (CAR-T) emergiu como uma opção inovadora, direcionada contra o antígeno CD19, demonstrando respostas rigorosas em pacientes previamente sem